

# Aquatics

## Ace Aquatics

### 2012 Spring Training Swim Team Registration

Non-Member please check  
 All Non-Members **must** fill out **Automatic Payment Information** on Page 2





Swimmer's Name \_\_\_\_\_ Member No. \_\_\_\_\_

Swimmer's Age: \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent's Names \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ # Days Swimming \_\_\_\_\_

Swim Group	See enclosed for group fees		
(A=6-8)	(B=9-10)	(C=11-12)	(D=13-18)
Hearts 	Diamonds 	Clubs 	Spades 

Please list any specific health problems, physical limitations, or allergies that may affect or interfere with the athlete's ability to participate in the full program.

\_\_\_\_\_  
\_\_\_\_\_

Please list names/numbers of people other than parents to contact in the event of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**No refund will be given after October 5**  
**Swim team payments are billed September 1 and November 1 in two equal installments**

### RELEASE FORM

I, \_\_\_\_\_, understand that in all/any physical activity an element of risk is involved. I give my child, \_\_\_\_\_ permission to participate in the Saw Mill Club **Ace Aquatics Swim Team** Program.

I release Saw Mill Club, their employees and agents, from any and all liability for injury and loss which may occur during my child's participation in the Saw Mill Club Ace Aquatics Swim Team and Training Program.

In case of an emergency, I give permission to Saw Mill Club Staff to take, or have my child transported to a hospital for treatment, including evaluation of injuries, x-rays and needed care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Continued** 

## Text Communication

To communicate effectively with our membership, we have a text message alert system in place. This system is used when a practice is cancelled or other issues arise that requires the attention of our membership. If you would like to participate in this system please fill out the information below.

**Parent 1** Name \_\_\_\_\_  
E-mail \_\_\_\_\_  
Cell# (        ) \_\_\_\_\_ Carrier \_\_\_\_\_  
(Verizon, AT&T, etc)

**Parent 2** Name \_\_\_\_\_  
E-mail \_\_\_\_\_  
Cell# (        ) \_\_\_\_\_ Carrier \_\_\_\_\_

**Swimmer 1** Name \_\_\_\_\_  
E-mail \_\_\_\_\_  
Cell# (        ) \_\_\_\_\_ Carrier \_\_\_\_\_

**Swimmer 2** Name \_\_\_\_\_  
E-mail \_\_\_\_\_  
Cell# (        ) \_\_\_\_\_ Carrier \_\_\_\_\_

By signing below, I agree to allow Saw Mill Club to send me text messages through the Text Message Alert

System as needed. I agree to accept all charges incurred by my cell phone service provider and release Saw Mill Club from any liability.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Automatic Payment Authorization:

**\* Mandatory for ALL Non-members \***

MasterCard  Visa  Amex  Discover: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Checking Account (INCLUDE A VOIDED COPY OF CHECK) Acct #: \_\_\_\_\_ ABA Routing: \_\_\_\_\_

I authorize Saw Mill Club to draft my credit card or checking account By signing the Automatic Payment Authorization I agree that Saw Mill Club may collect any existing club charges.

\_\_\_\_\_  
Authorization Signature (Parent if Member is under 18)

\_\_\_\_\_  
Please Print Name

## Photo/Video/News Release

I hereby give permission for images of my child, captured during any swim meet or practice during the 2012 season through video, photo and digital camera, to be used for the purposes of Saw Mill Club **Ace Aquatics** promotional material and publications, and waive any rights of compensation or ownership thereto. I also agree for my child to be filmed and/or photographed for the purposes of analysis and providing feedback relative to stroke technique and racing analysis. Saw Mill Club has my permission to use my child's name/photograph in press releases about Ace Aquatics activities/meet results sent to local news organizations.

Name of Participant #1 (please print): \_\_\_\_\_ Age: \_\_\_\_\_

Name of Participant #2 (please print): \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_